

10/20/99 13:37 FAX 4074254105

STANTON AND GARDICK PA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G07762

1. Corporation Name

Interlachen Servicing Company

Principal Place of Business

Mailing Address

225 Swoope Avenue, Suite 110
Maitland, Florida 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1500 Lee Road

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida

Zip

32810

Country

U.S.

3. New Mailing Office Address, If Applicable

1500 Lee Road

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, Florida

Zip

32810

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/82

5. FEI Number

59-2333982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$0.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VPSTD	Douglas C. Long	1500 Lee Road, Suite 200	Orlando, FL 32810

8. Name and Address of Current Registered Agent

Baxter C. Bode
225 Swoope Avenue, Suite 110
Maitland, FL 32751

9. Name and Address of New Registered Agent

Name
August J. Stanton, III
Street Address (P.O. Box Number is Not Acceptable)
37 N. Orange Ave., Suite 210
Suite, Apt. #, Etc.
Suite 210
City
Orlando
State
FL
Zip Code
32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Douglas C. Long

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Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 20 PM 1:21

REINSTATEMENT 99-99

CH2000 (12/98)

10/20/99 13:37 FAX 4074254105

STANTON AND GASDICK PA

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Division of Corporations

<https://cofas1.dos.state.fl.us/scripts/efilecovr.exe>

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407) 423-5203
Fax Number : (407) 425-4105

CORPORATION REINSTATEMENT

INTERLACHEN SERVICING COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75